

**CFTA Vocal Academy - Student Application**

**Date:**

**Student's Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**DOB:**

**Sex:**

**Phone Number:**

**Parent's/Responsible Party's Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Phone Number:**

**Email Address:**

**Availability for lessons – Days:**

**Preferred Time of Day:**

**Preferred Lesson Length:** \_\_\_\_\_ **30 Minutes (\$30)**

\_\_\_\_\_ **60 Minutes (\$60)**

**Previous experience? (Describe):**

**Any additional information you would like to share? (Optional):**

**Student (or Parent if under 18) Signature:** \_\_\_\_\_

**Please return to Royce Phillips at [royce@boroarts.org](mailto:royce@boroarts.org)**